

19/869/55

Held for for Added Claims

# CLAIMS AS AMENDED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS	36 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

# CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	1	20	= 0
Independent	1	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE <input type="checkbox"/>	OR	OTHER THAN SMALL ENTITY
RATE		RATE
FEE		FEE
BASIC FEE		BASIC FEE 860
X\$ 9=		X\$18= 5
X40=		X80= 24
+135=		+270=
TOTAL		TOTAL 865

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
ADDITIONAL FEE		ADDITIONAL FEE
X\$ 9=		X\$18=
X40=		X80=
+135=		+270=
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

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